

TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:   PHONE NUMBER:	
THRU (Liaison Officer):			
BILLET TITLE:                      BILLET #: _____			
RANK REQUESTED: (0-2, 0-3, 0-4, etc.) _____		(This block to be completed by liaison officer)	
GS/GM EQUIVALENT: _____		IS THIS A NEW BILLET:                      YES                      NO	
		BILLET PRIORITY:                      A,                      B,                      C,                      R	
IMMEDIATE SUPERVISOR:	TITLE:	PHONE NUMBER:	
EDUCATIONAL REQUIREMENTS:			
OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)			
1. GENERAL DESCRIPTION OF BILLET:			
2. DUTIES AND RESPONSIBILITIES: a. Is this a supervisory billet?                      YES                      NO b. If so, state number and grade of personnel supervised.    Number:                      Grade(s):			

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: